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FILING DATE IMA-0014-OXYPAK 02/16/2002 Graham Lindley Spruiell 10/075,088 TITLE OF INVENTION: PATIENT USABLE EMERGENCY MEDICAL KIT DATE DUE TOTAL FEE(S) DUE **PUBLICATION FEE** ISSUE FEE SMALL ENTITY APPLN. TYPE 03/13/2006 \$1000 \$300 \$700 YES nonprovisional ART UNIT **CLASS-SUBCLASS EXAMINER** 128-205220 MENDOZA, MICHAEL G 3731 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list DBA INVENTION (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3. 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